PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000



CLAIMS AS FILED - PART I (Column 1)				(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			20				ı	RATE	FEE) 	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2() minus 20=		•			X\$ 9=		OR	X\$18=	11
INDEPENDENT CLAIMS			minus 3 =		•			X40=		OR	X80=	
MUI	TIPLE DEPEN	DENT CLAIM PR	RESENT					+135=		OR	+270=	
* If 1	he difference i	in column 1 is l	ess than ze	ro, ente	r "0" in c	olumn 2	İ	TOTAL		OR	TOTAL	710
CLAIMS AS AMENDED - PART				T II						OTHER		
_		(Column 1)		(Colu		(Column 3)		SMALL E		OR.	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE -	,	RATE	ADDI- TIONAL FEE
NDM	Total	25	Minus [—]		0	= 5	.:-	–X\$ <u>¯</u> 9≡ -		OR	_ X\$18=	90
AME	Independent	* 4	Minus	*** 3	T CL AIM	= /		X40=		OR	X80=	86
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						j	+135=		OR	+270=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3		ADDIT. FEE			ADDIT. I EL	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	*	Minus	**	-	=		X\$ 9=	1	OR	X\$18=	
MEN	Independent	*	Minus	***		=		X40=		OR	X80=	. :
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	105			.070	
								+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)_					
AMENDMENT C		CLAIMS REMAINING AFTER (AMENDMENT		NUN PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	11	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL AIM	=	41	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	OLTIPLE DEI	PENDEN	I CLAIM		-	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE								OR	TOTAL ADDIT. FEE			
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

* APPLICATION NUMBER:	Olubos I
•	

Total Fee Calculation

Total Fee Calculation										
-	Fee Code	Total # Claims	<u> </u>	Number Extra	X	Fee	Fee	=	Total	
	Sm./Lg.					Sm. Entity	Lg. Entity		М	
Basic Filing Fee	201/101	,				<u>355</u>	710	=	110	
Total Claims >20	203/103	20	-20 =		х	<u>()</u>	18	=		
Independent Claims >3	202/102	<u> </u>	-3 =		X	40	<u>80</u>	=		
Mult. Dep Claim Present	204/104					135	270	=	·	
Surcharge	205/105					65	13c.	=	130	
English Translation	139									
TOTAL FEE CALCULA	ATION				,				<u>840</u> ,	
Fees due upon filing t	he application:							•		
Total Filing Fees Due	= \$		84	0	_				`.	
Less Filing Fees Subm	nitted - \$		10	· · · · · · · · · · · · · · · · · · ·				₫	.	
BALANCE DUE	= \$		b	<u> </u>						
Office of Initial Patent	Examination									

Figure 7

FORM O!PE-RAM-01 (Rev. 12/97